



STATE OF CALIFORNIA • DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT

FORM
DSA-1
Rev. 5-04

APPLICATION FOR APPROVAL OF PLANS AND SPECIFICATIONS

Please print or type all information – File in triplicate

For the: _____
(Project Name)

State Agency or School District or Owner's Agent and Mailing Address: _____

Name of Superintendent: _____ **Email Address:** _____

Name of Director of Facilities: _____ **Email Address:** _____

Name of Applicant: _____
(Acting for the Owner in the legal capacity of Agent Making Application for Approval of Plans and Specifications) (Please Print)

Mailing Address of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Construction of: _____
(Names of Buildings)

Reconstruction/Rehabilitation of: _____
(Names of Buildings)

Relocation of: _____
(Names of Buildings)

Alterations to: _____
(Names of Buildings)

Additions to: _____
(Names of Buildings)

Project is in the City of: _____ **County of:** _____

Location: _____
(Street address and zip code)

1. Project funded by the Office of Public School Construction (OPSC)? YES ☐ NO ☐
OPSC Appl. Number: _____ **Project Tracking Number (PTN):** _____

1a. Will additional funding be requested from OPSC for exceeding the minimum Title 24 energy requirements?
YES ☐ NO ☐

2. Approximate total floor area (sq. ft.): _____ **3. Design snow load:** _____

DSA USE ONLY	FEE SCHEDULE	CORRECT FEE	FEE PAID	UP/OP	REFUND
AC					
SS					
DSA FILE NO.	DSA APP. NO.	DATE ASSIGNED	ESTIMATED COST		

4. Plans, specifications, and related work were prepared by:_____
Architect or Engineer in General Responsible Charge_____
Reg. No._____
Telephone No.**Architect/Engineer's Email Address:** _____**Firm Name and Address:** _____**5. If preparation of portions of the Plans and Specifications were delegated, show Name of the Architect or Registered Engineer, Firm Name, and Address:**_____
5A. Architect_____
Reg. No._____
Telephone No._____
5B. Structural Engineer_____
Reg. No._____
Telephone No._____
5C. Mechanical Engineer_____
Reg. No._____
Telephone No._____
5D. Electrical Engineer_____
Reg. No._____
Telephone No.**6. Observations of Construction, Reconstruction, Rehabilitation, Alteration, or Addition will be Under The General Responsible Charge of (firm name is not acceptable):**_____
Name of Architect or Registered Engineer_____
Reg. No._____
Telephone No.**7. If observation of portions of the work is to be delegated, show Name of Architect or Registered Engineer so employed, with Address (firm name is not acceptable):**_____
7A. Architect_____
Reg. No._____
Telephone No._____
7B. Structural Engineer_____
Reg. No._____
Telephone No._____
7C. Mechanical Engineer_____
Reg. No._____
Telephone No._____
7D. Electrical Engineer_____
Reg. No._____
Telephone No.**8. Estimated Cost:** _____ **9. AC Fee:** _____ **10. SS Fee:** _____**Geo-Hazards Statement (For Existing School Sites Only)**

I have reviewed the seismic safety element of the local general plan. The project is not within an Alquite-Priolo special studies zone or any area designated as geologically hazardous in the seismic safety element of the local general plan.

Signature: _____ **Date:** _____
(Architect or Engineer in General Responsible Charge)

Request for Waiver of Durability (For Relocatable Buildings Only)

IThe school district requests waiver of durability requirements for substandard foundations per IR 16-1 and acknowledges that a conditional approval is acceptable.

Signature: _____ **Date:** _____

☐ DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

☐ DSA Sacramento Region
1102 Q Street, Suite 5200
Sacramento, CA 95814

☐ DSA Los Angeles Basin Region
311 South Spring Street, #1301
Los Angeles, CA 90013

☐ DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127

Disclaimer: I certify that this form is an exact duplicate (verbatim) of the form provided by the Division of the State Architect (DSA). In the event a conflict should exist, the language in the DSA form will prevail.